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### RESEARCH ARTICLE

#### LEADERSHIP EMERGENCY PREPAREDNESS IN RELATION TO COVID-19: A CASE STUDY IN WEST POKOT COUNTY

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#### Abstract

**Coronaviruses** are a group of related RNA viruses that cause diseases in mammals and birds. In humans, these viruses cause respiratory tract infections that can range from mild to lethal. Mild illnesses include some cases of the common cold (which is also caused by other viruses, predominantly rhinoviruses), while more lethal varieties can cause SARS, MERS, and COVID-19. Symptoms in other species vary: in chickens, they cause an upper respiratory tract disease, while in cows and pigs they cause diarrhea. There are as yet no vaccines or antiviral drugs to prevent or treat human coronavirus infections. Coronaviruses constitute the subfamily **Orthocoronavirinae**, in the family Coronaviridae, order Nidovirales, and realm Riboviria. They are enveloped viruses with a positive-sense single-stranded RNA genome and a nucleocapsid of helical symmetry. The genome size of coronaviruses ranges from approximately 26 to 32 kilobases, one of the largest among viruses. They have characteristic club-shaped spikes that project from their surface, which in electron micrographs create an image reminiscent of the solar corona, from which their name derives. The name "coronavirus" is derived from Latin corona, meaning "crown" or "wreath", itself a borrowing from Greek κορώνη korōnē, "garland, wreath". The name was coined by June Almeida and David Tyrrell who first observed and studied human coronaviruses. The word was first used in print in 1968 by an informal group of virologists in the journal Nature to designate the new family of viruses. The name refers to the characteristic appearance of virions (the infective form of the virus) by electron microscopy, which have a fringe of large, bulbous surface projections creating an image reminiscent of the solar corona or halo. This morphology is created by the viral spike peplomers, which are proteins on the surface of the virus. Coronaviruses were first discovered in the 1930s when an acute respiratory infection of domesticated chickens was shown to be caused by infectious bronchitis virus (IBV). Arthur Schalk and M.C. Hawn described in 1931 a new respiratory infection of chickens in North Dakota. The infection of new-born chicks was characterized by gasping and listlessness. The chicks' mortality rate was 40–90%. Fred Beaudette and Charles Hudson (1998) six years later successfully isolated and cultivated the infectious bronchitis virus

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which caused the disease In the 1940s, two more animal coronaviruses, mouse hepatitis virus (MHV) and transmissible gastroenteritis virus (TGEV), were isolated.<sup>[17]</sup> It was not realized at the time that these three different viruses were related. Human coronaviruses were discovered in the 1960s. They were isolated using two different methods in the United Kingdom and the United States. E.C. Kendall, Malcolm Byone, and David Tyrrell working at the Common Cold Unit of the British Medical Research Council in 1960 isolated from a boy a novel common cold virus B814 The virus was not able to be cultivated using standard techniques which had successfully cultivated rhinoviruses, adenoviruses and other known common cold viruses. In 1965, Tyrrell and Byone successfully cultivated the novel virus by serially passing it through organ culture of human embryonic trachea. The new cultivating method was introduced to the lab by Bertil Hoorn. The isolated virus when intranasally inoculated into volunteers caused a cold and was inactivated by ether which indicated it had a lipid envelope. Around the same time, Dorothy Hamre and John Procknow at the University of Chicago isolated a novel cold virus 229E from medical students, which they grew in kidney tissue culture. The novel virus 229E, like the virus strain B814, when inoculated into volunteers caused a cold and was inactivated by ether.

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### **Introduction:-**

This chapter employed the following elements of the study: background to the study, statement of the problem, purpose of the study, objectives of the study significance of the study, justification of the study limitation of the study, delimitation of the study, assumption of the study.

### **Background to the study:**

The purpose of counties was to bring services close to the people in terms of administration, resources and equitability. The counties were created in relation to the constitution of Kenya 2010 where counties were to be functional in 2013 general elections self-reliant. The counties of Kenya (Swahili: Kaunti za Kenya) are geographical units envisioned by the 2010 Constitution of Kenya as the units of devolved government. The powers are provided in Articles 191 and 192, and in the fourth schedule of the Constitution of Kenya and the County Governments Act of 2012. The counties are also single member constituencies for the election of members of parliament to the Senate of Kenya and special women members of parliament to the National Assembly of Kenya. As of 2013 general elections, there are 47 counties whose size and boundaries are based on the 47 legally recognised Districts of Kenya. Following the re-organisation of Kenya's national administration, counties were integrated into a new national administration with the national government posting county commissioners to represent it at the counties.<sup>[1]</sup> Establishment, County governments were established in 47 counties (largely based on the 1992 Districts of Kenya), after the scheduled general elections in March 2013.

The Pokot community has various descriptive terms for different types of diseases that include: Chemagat (Malaria), Chemngaror (Typhoid), chemuu (cholera) and now Korana-Corona (COVID-19). Even with the introduction of Western education, the Pokot still use the local herbal medicine as a means of treatment. The leadership emergency preparedness in relation to COVID -19, as study in West Pokot County. The pandemic have gotten people unawareness globally and West Pokot Count leadership is not exception in this scenario. The leadership is partly and partly and prepared and this study is going to explore both unpreparedness and preparedness in handle this coronavirus. The leadership has some shortcoming and deficiency in handling this issue of coronavirus. The county is not prepared fully due to the following factors which are prevailing: The Funds is a major factor which makes the county not be prepared, the county is waiting the well wishes, donors and the allocation of money from the national government, Shortage of staff is also one of the shortcoming and deficiency of the county leaders, more staff of health department are needed in order to strengthen man power within the county health facilities, Community awareness is not yet up to date due to lack of publicity and no much media cover up like radios and TVs, the

Prevention equipment are not available like personal protective equipments (PPEs), False negativity about the pandemic, many people doesn't believe that disease is real and existing, they thinking the government are making money on it.

Shortage of resources cripples W. Pokot's Covid-19 war (THURSDAY MAY 28 2020). West Pokot Governor John Lonyangapuo (right) receives food donations from Broadway Group of Companies to distribute to families most affected by coronavirus, in Eldoret town, Uasin Gishu County, on May 13, 2020. Governor John Lonyangapuo explained that the devolved unit had little in its coffers after settling pending bills. Shortages of funds, infrastructure and health workers have been cited as the main challenges in the battle against coronavirus in West Pokot County. The county government has not set aside money to stop the spread of the pandemic. Fortunately, it has not recorded a Covid-19 case. Governor John Lonyangapuo recently said the devolved unit has little in its coffers after settling its pending bills. "The President told us to pay our bills. We are still waiting for money from the Ministry of Health. West Pokot is a coronavirus high risk county since we border Uganda. We hope things will improve after the assembly passed the supplementary budget," Prof Lonyangapuo said. The county boss said his administration is struggling to combat the spread of coronavirus, having few health workers. West Pokot County does not have an intensive care unit ward. And coronavirus sensitization campaigns have been few in a region with a 31 per cent literacy rate. West Pokot has 800,000 residents, according to the August 2019 population census. A majority of them had no access to safety equipment such as face masks. Moreover, social distancing is rarely observed in this largely rural arid county. Prof. Lonyangapuo said he is following up on the recruitment of the County Public service Board chief executive. "No country has managed this disease. President Donald Trump of the US released a lot of money to the states to manage it but look at the numbers dying. Let's hope the government will give us money. We cannot even pay salaries," he said. Raise awareness, the governor added that his administration is working with the government to buy ICU beds. "There are isolation wards at Sigor, Kacheliba, Alale, Chepareria and Kabichibich sub-county hospitals. Every isolation room has three or four beds. Kapenguria Referral Hospital has a modern isolation ward," the governor said. Mr Benjamin Lopuoyang, a Kapenguria resident, urged the two levels of government to take face masks and the war on coronavirus to remote areas. "Many people do not know the work of a face mask. Residents of remote places like Chepkobhe, Chepareria, Kacheliba and Alale may not even know what a mask is," he said. Mr Lopuoyang added that the government should restrict movement from one county to another to stop the Covid-19 spread. Mr Abel Lokwete, another local, asked leaders to speak with one voice when sensitising the region. W. Pokot, Baringo, Samburu Covid-free status 'misleading' (TUESDAY JULY 21 2020). Three counties remain coronavirus-free as far as the Ministry of Health is concerned, more than four months since the first case was confirmed in Kenya.

### **Summary:**

The near negligible testing, scientists say, could be the reason for the "zero" a case, Baringo, with 666,241 residents, has tested 169 people, West Pokot with a 621,241, has tested 115, Samburu which has 310,327 people has carried out 114 tests. Three counties remain coronavirus-free as far as the Ministry of Health is concerned, more than four months since the first case was confirmed in Kenya. West Pokot, Baringo and Samburu appear to the safe zones but the reality could be different, leaders and experts now warn. It has emerged that the government has only tested 398 of the 1.5 million residents of the three arid and semi-arid counties. Near Negligible Testing, The near negligible testing, scientists say, could be the reason for the "zero" cases. During the daily Covid-19 briefings on Monday, Health Chief Administrative Secretary Rashid Aman said while the government remains optimistic that the three regions will not record a coronavirus case, the reality is different. **'Hand of God'**, Religious leaders in Samburu see the "hand of God" in the situation while politicians believe marginalisation has played a huge role in the Covid-19 zero numbers. Samburu Deputy Governor Julius Leseeto said the few tests may be hiding the true impact and status of Covid-19 in the region. Mr Leseeto said 114 samples tested are not enough to conclude that the county is coronavirus-free. "If coronavirus response teams increase testing, chances of recording positive cases will also go up," the deputy governor said yesterday. Governor Moses Lenolkulal said the closure of borders would stop the importation of the virus to Samburu. He raised concerns about the trend of people arriving in Maralal and other local towns from Mombasa, Nairobi and other coronavirus hotspots. **Closure Of Borders**, Mr Lenolkulal added that his administration is consulting President Uhuru Kenyatta over the closure of borders "since that is a national government function". "Samburu must be closed for a while," the governor said. West Pokot Governor John Lonyangapuo said more health workers have been recruited and trained on fighting the deadly virus. Prof Lonyangapuo added that isolation centres are being set up to contain the disease. "We have finalised plans to put up an Intensive Care Unit at referral hospital in Kapenguria. Isolation centres will be set up at sub-county level," he said. The governor added that his administration has trained more than 400 medical practitioners to deal with the

virus. "Hospitals in Kacheliba, Sigor, Chepareria, Alale, Kabichibich and health centres like Kanyarkwat and Keringet are ready to tackle Covid-19 cases," Prof Lonyangapuo said. "Rough terrain remains our main challenge in reaching rural residents to educate them on the dangers of the disease and how to contain it." Pastoralism is the main economic activity of West Pokot. NO SOCIAL DISTANCING, Many residents say they have no access to thermoguns, face masks and sanitiser. Most of them do not observe social distancing. "The literacy rate of West Pokot is perhaps the lowest in the country. Many people are not aware of the guidelines issued by the Ministry of Health to stop the spread of coronavirus and authorities have done little to sensitise them on anti-Covid-19 directives," Mr Benjamin Lopuonyang, a Kapenguria resident, said. Baringo authorities have scaled up preparedness should the region report a Covid-19 case. Health executive Mary Panga said Mogotio Hospital has been converted to an 80-bed isolation centre. Four Icu Beds. Kaptimbor Health Centre has 10 beds while Eldama Ravine has eight, she said. There are four ICU beds at the referral hospital. "Apart from the isolation wards, we have trained at least 900 health workers on how to handle coronavirus patients. The training of more staff is ongoing," Ms Panga said. The executive added that the random tests were carried out in several regions, including informal settlements. She said the devolved government would ensure 20 more beds are added to the Mogotio Hospital isolation centre. Ms Panga said the county government is screening travellers at critical entry points. The border points are Mogotio for travellers arriving from Nakuru county and Oinobmoi for those from Eldoret and Iten.

On the other hand, despite the shortcoming and deficiency of West Pokot County leadership, the county has put some measures in place in preparation of COVID-19, in collaboration with national government and other stakeholders like NGOs. The following are the measures the county has put in place in order to handle the COVID-19: Spraying and sanitizing all the trading centres and all other gathering and public places, Putting tanks with continuous running water as sustainable water is put in place and sanitizers plus washing hand soap, the daily updates from the department of health, emergency team put in place for system and management on the emerging crisis, ready ambulance for emergency, isolation places for quarantine like health facilities, schools, increase of beds to a capacity of 300 beds especially Kapenguria referral hospital, employment of health workers, those who will on three year contract and those with one year intern to curb the pandemic and strengthen health services, the observing the distancing, the 1.5 meter rule, thermo gun was distributed to every border check points with hand washing and sanitizing, the borders are within the counties entry points of Trans-nzoia, Turkana, Elgeymarakwet and the Uganda borders, leadership commitment, the county leaders goes to every sub-county and ward to alert people about the COVID-19, telling people to be vigilant and take the health precautions seriously, community awareness on health diet during this pandemic period, The venerable people like aged, infants and people with other health condition to be sensitive this time, increase of funds, Masks distribution using the available leadership on the ground like chiefs and other county staffs who working directly with community

Stakeholders participation (NGO, none governmental organizations), the following stakeholders were not also left behind in participation in fighting this pandemic with the leadership of County government. They participated in the following: 1. the Pokot outreach ministry (POM), distribution of masks, distribution of tanks to all the trading centers and public paces within the county with sanitizers and soap, Community awareness, teaching and making public announcement for people to vigilant. 2. ACK Development On Social (ADS), distribution of masks, distribution of tanks to all the trading centers and public paces within the county with sanitizers and soap, Community awareness, teaching and making public announcement for people to vigilant

The office Women representative (wrep) of west pokot conty also participate in fighting this pandemic in the following way: distribution of masks, distribution of tanks to all the trading centers and public paces within the county with sanitizers and soap, community awareness, teaching and making public announcement for people to vigilant. The national government was not left behind this fight of COVID-19, they used they local government structure to come in the following: distribution of masks, Supply of medical equipment relaxant to emerging issue of COVID -19, employment of intern and contracts health workers to strengthen the staffing, distribution of tanks to all the trading centers and public paces within the county with sanitizers and soap, community awareness, teaching and making public announcement for people to vigilant, they are using the local authorities' right from county commissioner, deputy county commission, assistant county commissioners and chiefs

**Statement of the problem:**

The devolved government, proposed during the making of the new constitution, is primarily geared towards achieving two main objectives. Involve the people in governance and allow better supervision and implementation of policies at the grass root level. The West Pokot county government is to identify the emergency of epidemics and

come up with the preventive measures in advance to curb the massive death of human beings. The West Pokot county leadership was gotten unaware as any other globe countries with this coronavirus disease which is out of hand globally. The Leadership of the can quickly respond to the prevent of this epidemic coronavirus in order not to spread and make more harm of death of human beings within the county and course also trauma to the life of West Pokot county with Leadership of governor John krop Lonyangapua (professor). The county leadership has tried 'to the level best to put some measures in place in order to curb this erupting epidemic coronavirus, the COVID-19. Coronavirus disease 2019 (COVID-19) is defined as illness caused by a novel coronavirus now called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2; formerly called 2019-nCoV), which was first identified amid an outbreak of respiratory illness cases in Wuhan City, Hubei Province, China. It was initially reported to the WHO on December 31, 2019. On January 30, 2020, the WHO declared the COVID-19 outbreak a global health emergency. On March 11, 2020, the WHO declared COVID-19 a global pandemic, its first such designation since declaring H1N1 influenza a pandemic in 2009. West Pokot County leadership has put on some common safety and protection measures like, wash your hand often, cough to your elbow, do not touch your face before washing your, keep safe distance between yourself and others. The other measures is putting tankers of water with sanitizers every boarder of each county with the people who measure the temperature and security to control the in out movement.

**The purpose of the study:**

The purpose of the study is to critically analyze the responsibility of west pokot leadership in relationship to covid-19. The study is to unearth the hidden truth about the leadership of west pokot county on human health and its sustainability in existence for such persistence and rapid spread of the disease and coming up with any better way on how to prevent eruption of some diseases that are destructive to human life globally.

**Objectives of the study:-**

1. To establish the process that West Pokot County leadership employs in directing and cording health services with the national government
2. To determine the strategies that the West Pokot county leadership has put in place to curb the emerging pandemic in the country.
3. To establish the fore-protective mechanisms that West Pokot county leadership has put in place in case of eruption of pandemic.
4. To determine the state of performance evident for leadership and management of the West Pokot county in emergence responses

**Research questions:**

1. What process does the Leadership of West Pokot county employs in directing and coordinating health services towards curbing the a pandemic disease, coronavirus (COVID-19)?
2. What strategies has the Leadership of West Pokot County put in place to prevent the emerging pandemic in the county?
3. What are the fore-protective mechanisms that leadership of West Pokot County has put in place in case of the eruption of pandemic?
4. What is the state of performance evidence for Leadership and management of the West Pokot County at large?

**Significant of the studying:**

1. The study will assist the future scholars to come up with the organization that will unearth the causes of the transmissible pandemics to control the massive sufferings and human death that have been realized through COVID-19
2. The study will unearth new knowledge on the process of manufacturing the vaccine that will prevent the future disease eruption
3. The study will enable the future government and county government to come up with new policies that will control the species of animals that human being can feast on than the ones that spread uncontrollable diseases
4. The ministry of health internationally will in the future train researchers whose responsibility will be researching on drugs that will prevent, communicable disease, contagious diseases, genetic disease and nutritional diseases
5. The international countries will be able to establish the professionals that have the knowledge of the diseases to avoid misappropriation of resource to people who have no technical knowhow of the medicine

## **Literature Review:-**

### **Introduction:**

The study review in the related subjects is under investigation in order to highlight on the subject and provide framework for proper study. The chapter reviews literature in relation to critical analysis on the responsibility of West Pokot county leadership in order to highlight its functions on eruption of pandemics in the county or such globe eruption of disease. The component of the study review include: theoretical framework, objectives of the study, various authors providing various views on pandemic eruptions and several organs formulated in addition to West Pokot county leadership.

The formation of West Pokot County was part of national government devolved units which is called counties as per the entrenched in the constitution 2010. The purpose of counties formation is to ensuring and coordinating the participation of communities and locations in governance at the local level and assisting communities and locations to develop the administrative capacity for the effective exercise of the functions and powers and participation in governance at the local level. There are three types of devolved functions in Kenya. These functions are exclusive functions, concurrent functions and residual functions. Article 186 makes clarifications on functions and powers of county governments. It shows where county functions are situated (Fourth Schedule) and explains about concurrent functions. It also designates any other function not assigned to the counties by the Constitution, or any other written law, as a national government function. Exclusive functions are functions that fall under either the national government or the county governments respectively. Each level of government is assigned its own functions which it should perform without interfering with the functions of the other arm of government, hence the exclusivity. A concurrent function means a function or power that the Constitution, or any other national legislation, confers on more than one level of government. It becomes a function or power within the concurrent jurisdiction of each of those levels of government. However, such functions are not properly defined, e.g. housing, planning, transport and disaster management. The residual functions are functions that are not defined as falling under the jurisdiction of either the national or the county government. These are problematic and they need to be assigned to either level of government accordingly (whether by law or any other mechanism). The most critical of these devolved units is the provision of health services, which is the most needed now than ever before by their citizens. County health services, including, in particular – county health facilities and pharmacies, ambulance services, promotion of primary health care, licensing and control of undertakings that sell food to the public, veterinary services (excluding regulation of the profession which is a national government function), cemeteries, funeral parlours and crematoria, and refuse removal, refuse dumps and solid waste disposal. This is the sector which plays now a great role in ensuring all health precautions is followed and adhered to at all cost.

### **Theoretical Review:**

The researcher employed critical analysis theory, ecological theory, and genetic theory and planned Behavior theory that will underpin the given variables in the study.

### **Critical analysis Theory:**

The positivist and interpretive paradigms within the analysis are essentially concerned with understanding phenomena through two different lenses the positivist strives at objectivity, measurability, predictability, controllability, patterning the construction of laws and rules of behaviour and the ascription of the causality, the interpretive paradigms that strive to understand and interpret the world in terms of its actors. In the former, observed phenomena are important, while in the later meanings, interpretations are paramount. . Habermas (1984:109-10) echoing Giddens (1976), describes this later as double hermeneutic, where people strive to interpret and operate in and already interpreted world. An emerging approach to COVID-19 eruption is a paradigm of critical diseases research. This regards the two previous paradigms as representing incomplete accounts of social behaviour by neglect of political and ideological contexts of much disease eruptions. Positivistic and interpretive paradigms are seen as preoccupied with technical and hermeneutic knowledge respectively (Gage, 1989). Critical Theory analysis is explicitly prescriptive and normative; entailing a view of what behavior in a social democracy should entail (Fay, 1987, Marrisons, 1995). Its intention is not merely to give account of society and behaviour but to realize that a society is based on quality health for all its members.

### **Theory of Planned Behaviour (TBH):**

According to the Theory of Planned Behaviour (TBH), performance of a particular behaviour is predicted by the intention to perform the behaviour which in turn is a function attitude, normative beliefs and Perceived Behaviour Control (PBC). Thus individuals are likely to intend to vaccinate their people if they believe that behaviour will lead

to value outcome, that significant others who think they should carry out the behaviour and that they have necessary resources or opportunities to perform desirable behaviour (Fahy A., Desmond D, M., 2010). Fahy examined the application of the TPB in the context of mothers' intentions to have their daughters recommend HPV vaccine. Abhyankar et al., (2008:1-16) used TPB as the framework through which to explore the role of intrapersonal variables in the relationship between framework and intentions. Fahy found perceptions of vaccine efficiency were positively correlated with strong intentions to immunize. No other associations between TPB variables and intentions to vaccinate were detected. The intervention evaluated by Gottvall et al.(2010) was based on Health Belief Model (HBM), Gottval, Rimer and Viswanaty (2008). According to HBM, people will take action to prevent ill-health conditions if they believe that a course of action available to them would be beneficial in reducing either susceptibility to or the severity of the condition, and if they believe that anticipated barrier to or cost of, taking the action are outweighed by its benefits Trump, 2020) when he felt like withdrawing from WHO. The intervention by WHO has only improved knowledge level but has not improved the prevalence of preventive behaviours: including vaccine discovery.

### **The process that West Pokot County employs in directing and coordinating health services in partner national government:**

There are several questions about the leadership emergency preparedness in relation to COVID-19. How should it interpret its constitutional role to accommodate all the institutions? As an agent of national government, how can it effectively and efficiently engage with the several units with the county, like the four sub-counties (kapenguria, Pokot South and North Pokot, and the twenty wards within these sub-counties)? Are West Pokot county principally normative, standard setting institutions, a knowledge broker and provider of information and evidence, and advocate for county health? Or is it principally a provider of technical assistance to governments in various health-related spheres? In addition, should it be an implementer of devolved units usually funded through national government allocation of count funds? What is the best balance between these functions? Do they conflict? What does this imply for the West Pokot County with its unique structures of autonomous offices? This study reviews and analyzes the history of the previous efforts at reform in West Pokot county and the key issues that arise in defining county's role in the relation to the national government health system as it is now evolved in the eve of COVID-19 and what this might mean for its own governance, management, administration and financing (Charles Clift, 2013).

Functions of County Governments in Kenya Provided For In Article 186 and Assigned In the Fourth Schedule of the Constitution. There are three types of devolved functions in Kenya. These functions are exclusive functions, concurrent functions and residual functions. Article 186 makes clarifications on functions and powers of county governments. It shows where county functions are situated (Fourth Schedule) and explains about concurrent functions. It also designates any other function not assigned to the counties by the Constitution, or any other written law, as a national government function. Exclusive functions are functions that fall under either the national government or the county governments respectively. Each level of government is assigned its own functions which it should perform without interfering with the functions of the other arm of government, hence the exclusivity. A concurrent function means a function or power that the Constitution, or any other national legislation, confers on more than one level of government. It becomes a function or power within the concurrent jurisdiction of each of those levels of government. However, such functions are not properly defined, e.g. housing, planning, transport and disaster management. The residual functions are functions that are not defined as falling under the jurisdiction of either the national or the county government. These are problematic and they need to be assigned to either level of government accordingly (whether by law or any other mechanism). The important devolved in the County is health services, including, in particular – county health facilities and pharmacies, ambulance services, promotion of primary health care, licensing and control of undertakings that sell food to the public, veterinary services (excluding regulation of the profession which is a national government function), cemeteries, funeral parlours and crematoria, and refuse removal, refuse dumps and solid waste disposal

The county have strengthen some health facilities in order to curb the encroaching pandemic coronavirus (COVID-19). There are isolation wards at Sigor, Kacheliba, Alale, Chepareria and Kabichibich sub-county hospitals. Every isolation room has three or four beds. Kapenguria Referral Hospital has a modern isolation ward," the governor said. Mr Benjamin Lopooyang, a Kapenguria resident, urged the two levels of government to take face masks and the war on coronavirus to remote areas. "Many people do not know the work of a face mask. Residents of remote places like Chepkobhe, Chepareria, Kacheliba and Alale may not even know what a mask is," he said. Mr Lopooyang added that the government should restrict movement from one county to another to stop the Covid-19 spread. Mr Abel Lokwete, another local, asked leaders to speak with one voice when sensitising the region. The other designated

places for curbing this overwhelming diseases coronavirus-COVID-19 are, schools and other institutions which are not in use now due to closure due to this pandemic disease. The county government of West Pokot are cleaning and sanitizing public places like markets, shopping centers, hotels bars, guests, workplaces, place of worships like churches and mosques among the other places are being watch on. The county government of West Pokot has also put in place are the check up, hand wash and measuring the temperature to any person getting to the county within the bordering counties like Elgeyo marakwet, Uasin Gishu, Trans-Zoia, Turkana, and the borders of Uganda in the northern part.

The draft of twelfth general programme of work identifies health governance as one of the eight strategic priorities. Specifically, this priority is defined in term as of greater coherence in global health, with World Health Organization playing a coordinating and directing role that enables a range of different actors to contribute more effectively to the health of all peoples. This role has several practical expressions. The report looks at World Health Organization's health governance role from three different angles. The first, being from perspective of work to position and promote health in a range of global regional and national process. Secondly, it highlights governance issues implicit in the other strategic priorities in the draft governance programme of the work. Thirdly, it links the analysis of health governance, the governance of World Health Organization by member states and the components of reform that will enhance World Health Organization's effectiveness in its governance role. WHO is committed to a more coherent approach to the United Nations work at the country level, to a lighting of support to the national priorities, and to promote the place of health in United Nations Development Assistance Framework and one UN plans, but duplication and overstretched responsibilities make WHO not to understand fully it responsibilities (Director General (WHO, 2010). The WHO had recently undertaken extensive internal reforms to ensure its continued relevance as the United Nations public health arm. This effort is of relevance to other international governmental organizations faced with similar challenges. As part of these efforts, the Organization is working to improve the alignment, flexibility, predictability, and transparency of the Organization's financing and to improve its management activities. In particular, improvement to internal governance practices and to the way the organization engages with external stakeholders will help clarify and strengthen the position of the organization and achieve greater coherence among players involved in global health. The scope of the activities of the organization is ultimately independent upon its objective- in the sense that based on the broad definition of WHO's objective in the constitution, the organization has authority to take any activity insofar as its efforts on health is concerned(I.C.J. Reports 1996). The positive and broad definition of health enshrined in the preamble of the constitution has enabled Organization to adapt to "globalization of public health" (fiddler, 2001).

#### **Strategies Put in Place by West Pokot county leadership to curb the emerging pandemic in the county and the sub-counties:**

The communicable diseases or transmissible pandemics in the world are the major causes of human suffering, disability and death. The West Pokot county leadership is to put its mechanisms in place on transmissible epidemics that can provide technical and professional guidance and support to the national governments to organize and implement the programmes aimed at setting up or strengthening control measures on communicable diseases, reducing transmission, mortality, morbidity and human suffering and gradually eradicating these diseases to cease public torment. The prepared document by the technical units in WHO and UNAIDS that has key public health interventions against communicable diseases that who recommended as surveillance standards (WHO/CDS/CSR/ISR/92.2d ed., revised 1998) cannot work unless the policy is implemented. The high-quality research is essential for World Health Organization to achieve its constitutional objective, namely "attainment by all peoples of the highest possible level of health". WHO has long given high priority to research which is identified in article 2 of the organization's constitution; to promote and conduct research in the field of health" which is not forthcoming. In 1959, the first Advisory Committee on Medical Research was established and regional advisory committee was to follow. Renamed Advisory Committee on Health Research in 1986, the committee continues to convene global experts on its policies. Research concerns have appeared frequently on the agendas of World Health Assemblies unimplemented (The WHO strategy on research for health, 2012). The World Health Organization has set up some strategies that seem not to be working. These include: Immunization, mass drug distribution (Chemoprophylaxis), food security, safe water and sanitization, injection safety and sterilization, blood safety and vector control. These are the responsibilities that can be worked upon by the individual national countries but not a worldwide international body (Organization) dealing with the health of human being internationally. These strategies seem to be misplaced strategies by World Health Organization whose responsibility worldwide is to coordinate research on vaccines discovery. In many countries, some prevention and control measures are managed through vertical disease prevention and control programmes using dedicated staff to provide specific services. This



approach facilitates training and management but, it is expensive and difficult to sustain and reduces movement. The current trend is to move towards activities that maintain essential resources, planning, monitoring and evaluation so as to monitor quality of prevention and control activities and assess their impact on the disease(s) concerned. Is WHO doing the same? The blending of various diseases specific prevention and control programmes into primary health care require a careful balance to avoid creating a situation where several complex systems resort to multiplicity methods, reporting forms or schedules, and evaluating methods leading to extra costs and training requirements, the state in which World Health Organization has found itself in. The degree of specialization for staff undertaking prevention and control tasks vary in accordance with the administrative level in the same way that, varies in clinical practice in relation to the level of care at primary or at periphery level, training, funding, ordering, and management of supplies and equipment. The intermediate level teams are to ensure that there is minimum essential information required for analysis and management of priority diseases, hence consolidate training, data collection and supervision as fast as possible and provide specialized disease prevention and control teams. The professionals are to provide technical guidance, programme and disease monitoring and ensure that there is availability of resources at both national and international levels. It is from the advent of COVID-19 that most countries have even come up with different inventions from masks to complicated equipment or detective machines (Ventilators), the responsibility of World Health Organization. In order to enhance successful implementation of the governance within WHO-strategy, the organization will need to develop appropriate mechanisms for improving strategy and operational efficiency across the WHO portfolio of research activities. One possible mechanism would involve the creation of thematic groups working across the organization in areas such as research capacity building and knowledge management.

**Fig 1:-** WHO Biennial programme Budget 2020/2021 by Strategic Priority.

Category	Beneficiaries	2020/2021 Budget in \$Millions
A.	One million more people benefiting from universal coverage	1,358.8
B.	One million more people better protected from health emergencies	888.8
C.	One billion more people enjoying better health and well being	431.1
D.	More effective and efficient WHO better supporting countries	1090.0
E.	Polio eradication	863.0
F.	Special programmes	208.7
<b>TOTAL</b>		<b>\$4.840.4</b>

**Source:**

West Pokot county Budget (2020/2021)

The West Pokot county activities as identified are not logical in terms of financial audit rules and regulations in its programme budget for the year 2020/2021. The budget is not specific in its activities around its main strategic priorities and a few other programmes as stated. County asserts that its activities include “improved access to quality essential health services”, improved access to essential medicines, vaccines, diagnostics, devices for primary health care” and other activities that are queued to improve county services. These are the activities that can be effectively and efficiently be done by individual sub-counties within the county. In reference to the enlisted activities in Fig. 1, West Pokot county cannot account for the allocations that are distributed from national government to each county that is in terms of billions (3.6 billions) as a health directing and coordinating body in support of Governor Prof. John Kirop Lonyangapua’s. The governor is in full support of the prevention and making sure that resources and funds is budgeted to this health services.

**The fore-protective mechanisms that West Pokot county leadership has put in place in case of the eruption of pandemics:**

The first major pandemic, Severe Acute Respiratory Syndrome (SARS) corona virus-19 is a novel virus that has caused massive death internationally in discriminatively to the unmediated notice and identification by the World Health Organization. The increasing economic demand in China might have led to the eruption of the virus from exotic game animals for animal protein demand. The overcrowded of various varieties of wild game animals and lack of bio-security mechanisms in wet markets led to the transmission of the novel virus from animals to human beings without hospital authority awareness in infection control and even the international air travel control, hence global dissemination of the corona virus agent. The dramatic part of the transmission has impacted seriously on the health systems, societies and economies affecting countries worldwide in the shortest time possible with the reference to the year 2003 the last time that the plague was experienced when it killed 8,060 people from 28

Countries. The World Health Organization without knowing that there could be re-emergence of SARS the year 2003 after China resuming the sale of wild game animals in the market in Southern China recently discovered the appearance of the same disease virus in the horseshoe bats. The World Health Organization had immediately reviewed the biology of the virus in relation to the epidemiology, clinical presentation, pathogenesis, laboratory, diagnosis, animal models or hosts and provided options for treatment, immunization and infection control that had the massive death that it could not realize.

There are several taxonomy and virology of SARS-COV. The SARS is just but one of the 36 coronavirus in the family of corona-viruses in the family of coronaviridae within the order nidovirales. The members of coronaviridae are known to cause respiratory or intestinal infections in human beings and the same animal (The University of Hongkong special Administrative region, China, 2003). The primary isolation of the Severe Acute Respiratory Syndrome was achieved by inoculation of patient's specimens into embryonic monkey cell lines that produced cytopathic changes where they lasted for 5 to 14 days (Department of microbiology, Research, Immunology, China (2003). Irrespective of what was taking place, the WHO never took any interest but only to come up with the spread news that COVID-19 was a dangerous Pandemic

**The state of performance evidence on leadership emergency preparedness in relation to COVID-19 in West Pokot Leadership:**

Center for global health (2011) asserts that the past decade has been one of the tremendous interest and support for advancing health on global scale. Despite all this, funding is still limited for the scope of the global health needs. There is growing awareness that well led and managed global health solutions are required to achieve effective, efficient and sustainable health programmes, especially the scale needed to attain Millennium Development Goals and other set global targets. Lack of management skill appears to be single most important barrier to improving health throughout the world. In this relation, West Pokot county Leadership and management practices create opportunities for improving programme performance, strengthening work force capacity enhancing connections with target populations, and increasing ability to respond effectively to change. The West Pokot county Leadership and management have the capacity within national government systems that are steer to health development in the future. The purpose of the study is to review the current evidence of the impact of leadership emergency preparedness on health and to contribute to that evidence base through a case study series of COVID-19 in relation to the West Pokot county leadership. All the programmes in counties must have leadership concepts and be managed well. Identification of quantifiable good leadership and management made on the scope of health achievements and proving causations seems to be complicated resulting into health being considered "soft science". Resource commitment to improve the county health has more than quadrupled over the past years (Ravishanker, 2009). Despite provision of more resources, it has been difficult for many organizations to scale up and achieve their desired health impacts. A key limitation along the path towards universal attainment of the county devolved units and other national government target is not just resource availability but also growing need to strengthen other determinants of county health programming success (Katz, Williams, Che and Lion, 2010). While there is a strong assertion that good leadership and management are important determinants of programme success, the evidence base for this principle is sparse. The study aimed at reviewing the evidence based through the study. Despite increasing funding for count health, funds are still limited compared to the prevailing health needs. There has been growing consensus that there are barriers to even greater success in increasing effective health in order to ensure successful implementation of governance within West Pokot county government due to national delay of money distribution. The national government needs to develop appropriate mechanisms for improving strategic and operational efficiency across the counties portfolio of research activities. One possible mechanism would require the creation of thematic groups working across the counties in areas such as research capacity building and knowledge management. In this regard, West Pokot leadership is ready to follow what was come up after the county had emergency team resolutions as follows. On 19th February 2020 Kenyan Government through the ministry of Health had put several measures in place to safeguard public health safety including but not limited to a multi-agency approach to deal with the threat of COVID-19.

On 28th Feb 2020, the National Emergency Response Committee was established through an executive order No. 2 of 2020. At its meeting on 20th March 2020, they resolved and directed Kenyans of taking of the following additional pre-cautionary measures: All entertainment, bars and other social spaces, were to close their doors to the public by 7.30pm every day until further notice, effective Monday, 23rd March 2020. Social distancing of 1.5 m to be observed during allowed periods, all supermarkets were required to limit the number of shoppers inside the premises at any given time, in a manner that conforms to the social distance requirements of at least 1.5 m apart, the

management of local markets were directed to ensure that the premises are disinfected regularly to maintain high standards of hygiene, the County Governments were required to prioritize garbage collection and cleanliness of all markets as well as ensure provision of soap and clean water in all market centers, corporations and businesses were encouraged to allow where possible employees to work from home, to ensure business continuity for the manufacturers and industries, factories were required to operate using minimum workforce on a 24-h shift rotation system, to reduce the risk of transmission in the public transport system, persons were encouraged as much as possible, to stay at home unless on essential business. Public service vehicle operators were asked to observe high levels of hygiene during this period. It was directed that, vehicles to maintain 60% maximum of seating capacity, all hospital management in public and private hospitals was to restrict patient visitation to family and relatives of patients who have been expressly contacted by the hospital, all travelers coming into the country, was restricted to Kenyans and foreigners with valid residence permits must self-quarantine for a period of 14 days.

### Research Methodology and Research Design:-

The researcher employed qualitative and quantitative research methods concurrently forming triangulation research design. The researcher collected the data through qualitative research method where by particular items were described, explained, and observed. In the quantitative method, the numerical data were performed using software (Statistical Package of Social Science (SPSS), Minitab, excel) after data collection. The software applied statistical formulae and carried out computations. Some key concepts in numerical analysis were identification (scales of data descriptive parametric and non-parametric data, dependent and independent variables). The research design included descriptive research design and diagnostic research design. The researcher described the characteristics of individual or group concerned with predictions, narration of the facts and characteristics. Diagnostic study determined the frequency that the COVID-19 and other epidemics such as Influenza have occurred without proper attention to. The study revisited some variables to check whether they associate with the diagnostic studies. In descriptive and diagnostic study, the researcher defined what was required clearly, what was to be measured and found the adequate methods that can be applied in measuring. The researcher identified the problem, stated the objectives, collected relevant data in relation to the topic of the study qualitatively and quantitatively, analyzed the data, drew inferences and conclusions after the definition of the population and sampling procedures adhered to. The qualitative and quantitative approaches were engaged in the study.

### Target population:

The researcher targeted a population of 10000 people in the study in which the researcher used the Krejcie & Morgan, 1970 formula to calculate the sample size as shown below gave a sample of 382 respondents. The researcher used the sample size as the representative of the larger population.

$$S = \frac{X^2 NP}{d^2 (N-1) + XP (1-P)} \quad (1-P)$$

$$d^2 (N-1) + XP (1-P)$$

Where:

S=required Sample Size

X=Z value (e.g. 1.96 for 95% confidence level)

N= Population Size

P= Population proportion (expressed as decimal) assumed to be 0.5 (50%)

d= Degree of accuracy (5%), expressed as proportion (.05), it is margin of error

In this case  $S = 1.96^2 \times 10000 \times 0.5(1-0.5)$

$$0.05^2 \times 0.05(10000-1) + 1.96^2 \times 0.5(1-0.5)$$

$$=9,580.8$$

$$25.09575$$

$$=38.1$$

The sample size was 38.1 respondents.

### Sampling Techniques:

The sampling techniques included Purposive sampling, Judgmental sampling and quota sampling techniques. The questionnaires, Interview schedules through media, and documents analysis were utilized for data collection. Since several communication mechanisms such as twitter, websites, radios; Televisions and Whatsap there was no need for pilot study. The research instruments were reliable and valid because there was face to face or direct communication conduct with the affected countries. Data analysis was done after identification, sorting coding tabulation, graphing and pie-charting by the Scientific Package of Social Sciences (SPSS) 21.1 in machine (Computer)

**Findings:**

The study findings revealed that the West Pokot county leadership has not equitably assigned its staff some responsibilities with proper follow-ups on who is doing what (Abdication). The West Pokot County has not shown transparency on its accounts on all the national government funds for the last 7 years. The West Pokot County has no proper guiding strategies on its responsibility and the documented ones are not operational. It also proved that the leadership of West Pokot County has some staff that are not competent in the job. The county has no projections for the future pandemics emergence response but it only does the work that is done by its national government instead of coming up with new strategies on how to make health services better. The West Pokot county government receives large sum of money that is not put in excavation of new drugs due to lack of future projections. The findings projected the disintegration of the West Pokot county leadership to get proper leadership, management and administration in order to well prepared for any eventuality in the future as far as the emerging pandemics globally. in order to well prepared for any eventuality in the future as far as the emerging pandemics globally.

**Discussion and Conclusion:-**

The continual expansion of population since prehistoric times and the advent of utilization of domestic and wild animals as sources of proteins exposes human to animal pathogens. The wet markets of wild and game animals are becoming the major causes of various dangerous diseases in the world. Most of these diseases have greatly perished people in international countries. In spite of what is generally and commonly understood principles, and warning signs that went unheeded to in 1970,s 1980,s 2002,s 2003,s and then 2019 COVID-19, biomedical and public health institutions were unprepared for the current surge in emerged infections. Most learning institutions such as Universities, colleges, high schools and primary schools management were caught unprepared and unaware in the situations of emergencies. In the light of the complexities of the factors involved, this lack of preparedness should not be surprising. As explained by infectious disease ecology described here, Zoonotic emergence involves biological process operating on the scales of molecules and cells to that of coupled, regional scale human- natural systems. Political, economic factors and policies driving regional environmental change and spreading geographically across the globe is posing a serious issue. The recent worldwide upsurge of zoonotic infectious diseases, involving the resurgence of the growing number of diseases previously believed under control or the emergence of the newly recognized diseases, has been attributed to a list of global factors characterized in terms of ranging from microbial adaptation and land use to changing ecosystems, breakdown public health and poverty. The complicated nature of the rising challenges, which obviously entails numerous interacting variables operating on different time and space scales pose a significant challenge to biomedical science and epidemiological research as well as public health intervention. However, the current trend of increasing global emerging infectious diseases is linked with another issue of global governance, sustainable development and management, with which disease control and preventive strategies are to be integrated.

**Recommendation:-**

1. There should be much strengthen of West Pokot Leadership and management to avoid massive death and pandemic cases within the county
2. The West Pokot county leadership should put their health financial records straight and it should be re-audited by an external auditor appointed by the appointed by national government as per the 2010 counties implementation
3. The main agent of finding as per the county allocation of money and resources should force on health facilities improvement and to be ready to curb such emerging diseases like COVID-19.
4. The other duplication of responsibilities that is executed by national government should devolve in order not to experience the lapse of duties.
5. Pokot County is to conduct research and come up with future disease eruption prevention and cure.
6. West Pokot county leadership to carry out the staff audit to enhance efficiency and effectiveness to improve on service delivery
7. The West Pokot county leadership to advise each member sub-County to prepare emergence response infrastructure for future eventualities
8. All the counties to combine their efforts in times of future emergencies unlike the times of COVID-19 where some countries assumed the disease eruptions exposing the citizens to dangerous sufferings and death.

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